



PROPOSED RULE MAKING

CR-102 (June 2004)

(Implements RCW 34.05.320)

Do **NOT** use for expedited rule making**Agency:** Home Care Quality Authority☒ **Preproposal Statement of Inquiry was filed as WSR 09-08-079; or**☐ **Expedited Rule Making--Proposed notice was filed as WSR _____; or**☐ **Proposal is exempt under RCW 34.05.310(4).**☐ **Original Notice**☐ **Supplemental Notice to WSR _____**☒ **Continuance of WSR 09-15-192****Title of rule and other identifying information:** Individual Provider Fingerprinting, 120-Day Provisional Hire**Hearing location(s):**Home Care Quality Authority Board Room
4317 6th Avenue SE, Suite 101,
Lacey, WA 98503

Link to HCQA map available from:

http://www.hcqa.wa.gov/Contact/contact_hcqa.html

or by calling (360) 493-9350.

Date: August 31st, 2009 **Time:** 11:00am**Submit written comments to:**

Name: Lisa Livingston, HCQA Rules Coordinator

Address: PO Box 40940, Olympia, WA 98504-0940

Delivery: 4317 6th Avenue SE, Suite 101, Lacey, WA 98503e-mail: llivingston@hcqa.wa.gov

fax: (360)493-9380

by 5:00pm on August 25th, 2009**Assistance for persons with disabilities:**

Contact: Lisa Livingston, by August 21st, 2009

Ph: (360) 493-9350

Date of intended adoption: Not earlier than September 22, 2009(Note: This is **NOT** the **effective** date)**Purpose of the proposal and its anticipated effects, including any changes in existing rules:**Continuance is being filed in order to adjust original hearing date from August 25th, 2009 to August 31st, 2009.**Reasons supporting proposal:****Statutory authority for adoption:** RCW 74.39A.280 (3)

Authority Duties; Title 74 RCW

Statute being implemented: RCW 74.39A.280 (3)**Is rule necessary because of a:**

Federal Law?

☐

Yes

☒

No

Federal Court Decision?

☐

Yes

☒

No

State Court Decision?

☐

Yes

☒

No

If yes, CITATION:

DATEMay 20th, 2009**NAME** (type or print)

Rick Hall

SIGNATURE**TITLE**

Executive Director

CODE REVISER USE ONLYOFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED**DATE:** July 29, 2009**TIME:** 12:22 PM**WSR 09-16-056**

(COMPLETE REVERSE SIDE)

Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters: N/A

Name of proponent: (person or organization) Home Care Quality Authority

☐ Private
☐ Public
☒ Governmental

Name of agency personnel responsible for:

| Name | Office Location | Phone |
|-----------------------------------|--|----------------|
| Drafting..... Lisa Livingston | P.O. Box 40940, Olympia, WA 98504-0940 | (360) 493-9350 |
| Implementation....Lisa Livingston | P.O. Box 40940, Olympia, WA 98504-0940 | (360) 493-9350 |
| Enforcement.....Rick Hall | P.O. Box 40940, Olympia, WA 98504-0940 | (360) 493-9350 |

Has a small business economic impact statement been prepared under chapter 19.85 RCW?

☐ Yes. Attach copy of small business economic impact statement.

A copy of the statement may be obtained by contacting:

Name:

Address:

phone () _____

fax () _____

e-mail _____

☒ No. Explain why no statement was prepared.

The Agency has determined that no new costs will be imposed on small businesses or non-profit organizations.

Is a cost-benefit analysis required under RCW 34.05.328?

☐ Yes A preliminary cost-benefit analysis may be obtained by contacting:

Name:

Address:

phone () _____

fax () _____

e-mail _____

☒ No: Please explain: Rule are exempt per RCW 34.05.328 (5)